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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/049,718
		Filing Date	February 13, 2002
		First Named Inventor	SHARMA, Shubh D.
		Group Art Unit	1639
		Examiner Name	Wessendorf, T.
Total Number of Pages in This Submission	22	Attorney Docket Number	70025-02-US02

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Reply Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

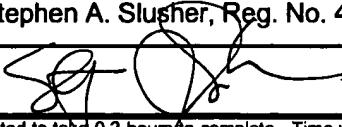
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Stephen A. Slusher PEACOCK, MYERS & ADAMS, P.C.
Signature	
Date	May 6, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

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Filed in Duplicate
PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): SHARMA, Shubh D., et al. : Examiner: Wessendorf, T.
Serial No.: 10/049,718 : Group Art Unit: 1639
Filed: February 13, 2002 :
For: Melanocortin Metallopeptide Constructs, :
Combinatorial Libraries and Applications :

AMENDMENT FEE DETERMINATION AND TRANSMITTAL

Commissioner for Patents

Dear Sir:

Transmitted herewith is an amendment for the above application.

Applicant is a small entity (claimed under 37 CFR 1.27)
 A Petition for Extension of Time accompanies this filing.
 Also enclosed is/are _____.

CALCULATION OF ADDITIONAL CLAIM AND/OR EXTENSION FEES:

	Remaining CLAIMS: after Amendment	Highest No. Previously Paid For	Present Extra	ENTITY RATE Small OR Large	FEE RATE
TOTAL	49	MINUS MINUS	17	32	x \$9 x \$18 = \$288.00 = \$
INDEP.	1	MINUS MINUS	5	0	x \$43 x \$86 = \$ 0 = \$
		First Presentation of Multiple Dep. Claim		+ \$145 + \$290 = \$ = \$	

EXTENSION FEES (One month = \$55 OR \$110, Two months = \$210 OR 420, Three months = \$475 OR \$950)
MONTH(S)= **\$ 55.00**

TOTAL \$343.00

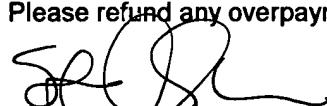
Checks in the amount of \$55 and \$288 are attached.

Check includes extension of time fee.

No extension of time is required, check is for claim fees only.

For the Commissioner's convenience this transmittal is submitted in duplicate. If any additional fee is required, please charge our Deposit Account No. 13-4213. Please refund any overpayments.

By:


Stephen A. Slusher, Reg. No. 43,924
Direct line: (505) 998-6130

PEACOCK MYERS & ADAMS, P.C.
P. O. Box 26927

Albuquerque, New Mexico 87125-6927 I hereby certify that this paper is being deposited with the U.S. Postal Service
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May 6, 2004